

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 564 734

FILING DATE

1-17-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2		1			
4	1					
5	1					
6	2					
7	1		1			
8	1					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	3					
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50						
TOTAL IND.			3			
TOTAL DEP.		2				
TOTAL CLAIMS		5				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						